



ANNUAL REPORT 2012/13



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1.0 Introduction

KIDS provides paediatric critical care decision support and transport for the West Midlands. KIDS is hosted by Birmingham Children's Hospital NHS Foundation Trust (BCH) in collaboration with University Hospital of North Staffordshire NHS Trust (UHNS).

2012/13 was a year of transition in NHS organisational terms. From 1st April 2012 through to 31st March 2013, NHS Midlands and East commissioned PIC Transport for the West Midlands, East Midlands and East Anglia. There is a shift to national commissioning of specialised services from April 2013.

KIDS serves the 20 District General Hospitals in Staffordshire, Shropshire, Birmingham and the Black Country, Coventry, Warwickshire, Herefordshire and Worcestershire. Two paediatric intensive care units (PICS) operate within the West Midlands – one at BCH and one at UHNS in Stoke-On-Trent. No geographical changes to KIDS' service provision occurred in 2012/13.

2012/13 was KIDS' busiest year with 1668 referrals and 816 transports. A number of landmark achievements were delivered including:

- Relocation to newly refurbished two storey premises adjacent to Birmingham Children's Hospital with dedicated ambulance parking compound.
- New Paediatric Transport Trolley and Transport Incubator introduced to service.
- KIDS, in partnership with Inditherm, developed and trialled an electrically operated warming system for baby which is now in service, with huge cost and waste reduction as a result.
- Ambulance Technician Training programme launched.
- Bespoke KIDS 'IP multichannel telephone call recording system' implemented.
- West Midland Paediatric Critical Care Forum, hosted by KIDS, enjoyed highest ever attendance (>100 delegates).
- KIDS had a consult inspection by the Commission for Accreditation on Acute Transport, with plan for full inspection and aspiration to accreditation in 2014.
- KIDS launched 'Productive KIDS' (modified from Productive Ward) to improve quality, efficiency and team-working.

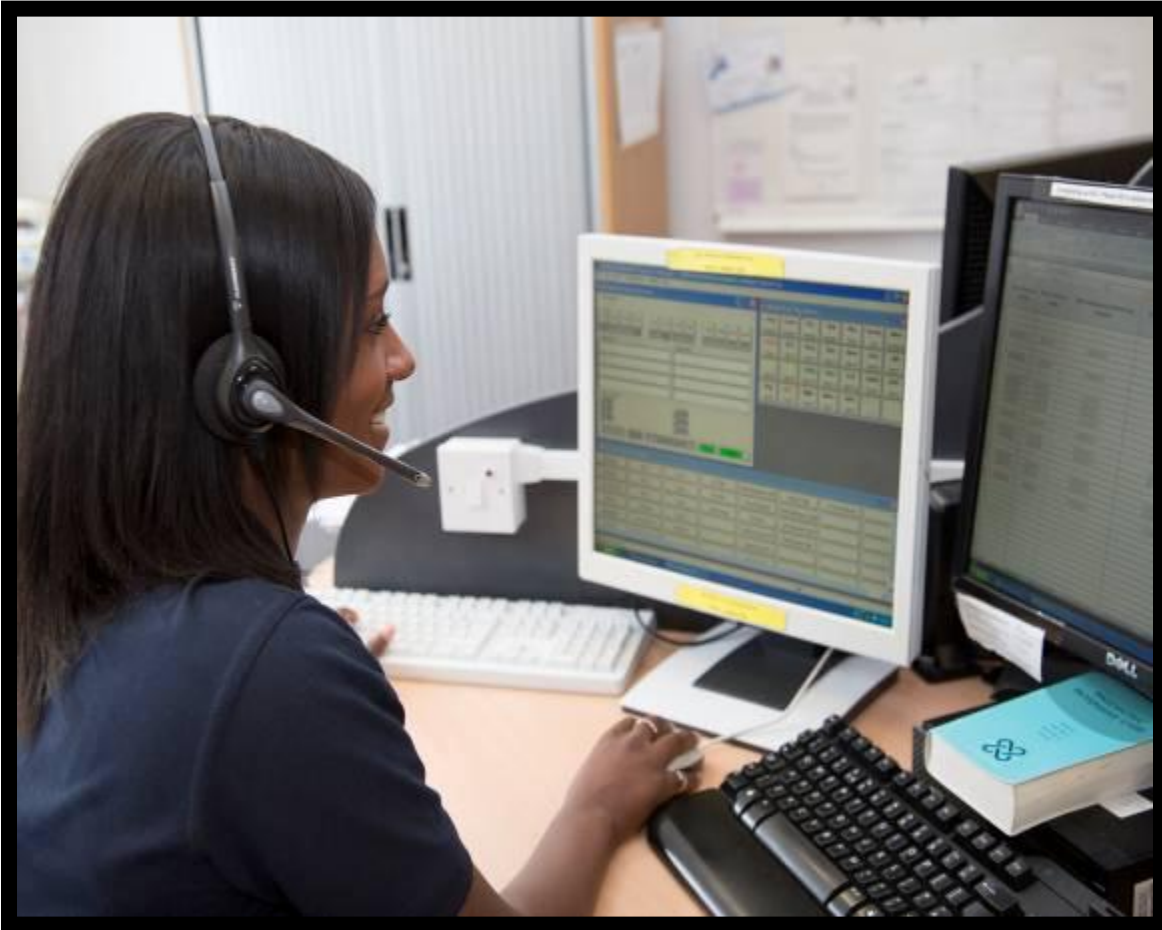
1.1 KIDS Mission Statement

To provide the right solution, at the right time, and in the right place, for babies, children, and young people and their families with critical care needs throughout the region, with timely high quality decision support, PIC bed finding and critical care transport.

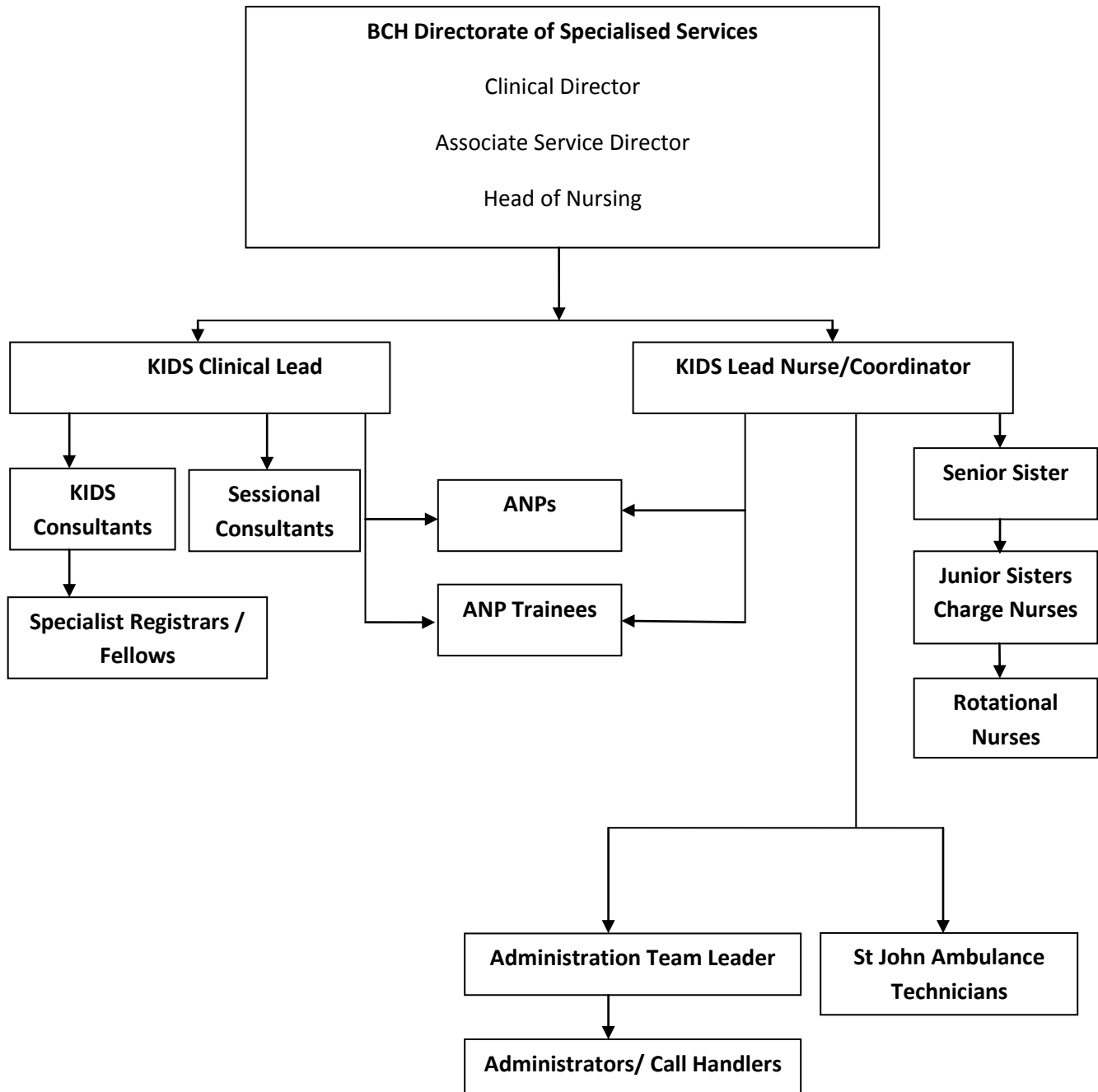
1.2 KIDS Service Standards

1. KIDS will comply with the Paediatric Intensive Care Society Standards (2010) – ‘Retrieval and Transfer of the most critically ill children.’
2. KIDS will maintain core infrastructure operational 24 hours per day, 365 days of the year, including:
 - i. Operations Centre staffed with trained administrators and dedicated single referral telephone number;
 - ii. Trained Transport Team;
 - iii. Fully maintained transport equipment, drugs and disposables.
3. On-site dedicated bespoke critical care ambulances and trained drivers;
4. The referral line will be answered within 5 rings;
5. The referrer will be connected to the KIDS Consultant within 5 minutes;
6. KIDS will comply with the appropriate policies and procedures of BCH;
7. KIDS will participate in all care quality surveillance and improvements processes including clinical governance, mandatory training, infection control, documentation, child protection and patient experience;
8. KIDS will use standard operating procedures (SOPs) for informing service delivery. These will be held on the BCH KIDS Intranet, with indexing and version control;
9. The KIDS website will be maintained with service information, clinical guidelines, drug calculator and feedback mechanisms in place;
10. KIDS will maintain close working relationships with PIC at BCH and UHNS;
11. KIDS will relentlessly pursue continual improvements in the delivery of best for patients and families. This will include care quality, patient experience, capacity management, medicine, nursing, administration, ambulance provision, information technology, telecommunication, research, innovation, risk management, education, leadership and customer service.

Yasmin Powell, KIDS Administrator, at KIDS Switchboard Terminal 1



2.0 KIDS Organisational Structure



2.1 KIDS Personnel 2012/13

KIDS Consultants

Dr. Mary Montgomery (Clinical Lead)

Dr. Sanjay Revanna

BCH Sessional Consultants

Dr. Gale Pearson

Dr. Reinout Mildner

Dr. Fiona Reynolds

Dr. Linda Edwards

Dr. Adrian Plunkett

Dr. Steve Cray

Dr Jeff Martin

Dr. David Ellis

Dr. Jane Cassidy

Dr. Anke Top

Dr. Richard Neal

Dr. Afeda Mohamed-Ali

Dr. Annemieke Miedema

Dr Prabh Nayak

Dr Seby Sebastian

Dr Heather Duncan

Dr Tina Newton

UHNS PIC Sessional Consultants

Dr. Mark Bebbington

Dr. Pavanasam Ramesh

Lead Nurse

Phil Wilson

Senior Sister

Emma Bull

KIDS Junior Sisters

(B6)

Jacqueline Somerfield

Joanne Webb

BCH PIC/KIDS Junior Sisters/Charge Nurses (B6)

Sharon Hale

Mike Newton

Arwen Jobbins

Sarah Webb

BCH PICU Rotational Staff Nurses

(B5)

Rebecca Fry

Jaz Kaur

Anna Phillips

Sarah Taylor

UHNS PICU Rotational Junior Sisters

(B5/6)

Sarah Johnson

Sarne Rushton

Rachel Skinner

Kelly Robinson

KIDS Operations Centre Team Leader (B4)

Katie Allen

Operations Centre Administrators

Richard Murphy

Lorraine Rooker

Sarah Casey

Edward Flower

Yasmin Powell

Martin Buckley

St John Ambulance Regional Area Manager

Dave Human MBE

District Ambulance Service Manager

Dave Belcher

KIDS Ambulance Service Team Leader

Phill Sprigg

Ambulance Technicians

Darren Elgerton

Gemma Mellor

Dawn Rossitor

Jayne Wilson

Christiaan May

Paul Colton

Dylan Jones

Phil Bone

Alan Jinks

KIDS Fellows / Registrars

Dr. Richard Browne

Dr. Janet Mcluskey

Dr. Savini Wijisingha

Other Fellows on rotation

Advanced Nurse Practitioner

Steve Cossey

Advanced Nurse Practitioner Trainee

Anneke Gyles

3.0 Activity

Geographical Location of Referring Hospitals to KIDS 2012/13

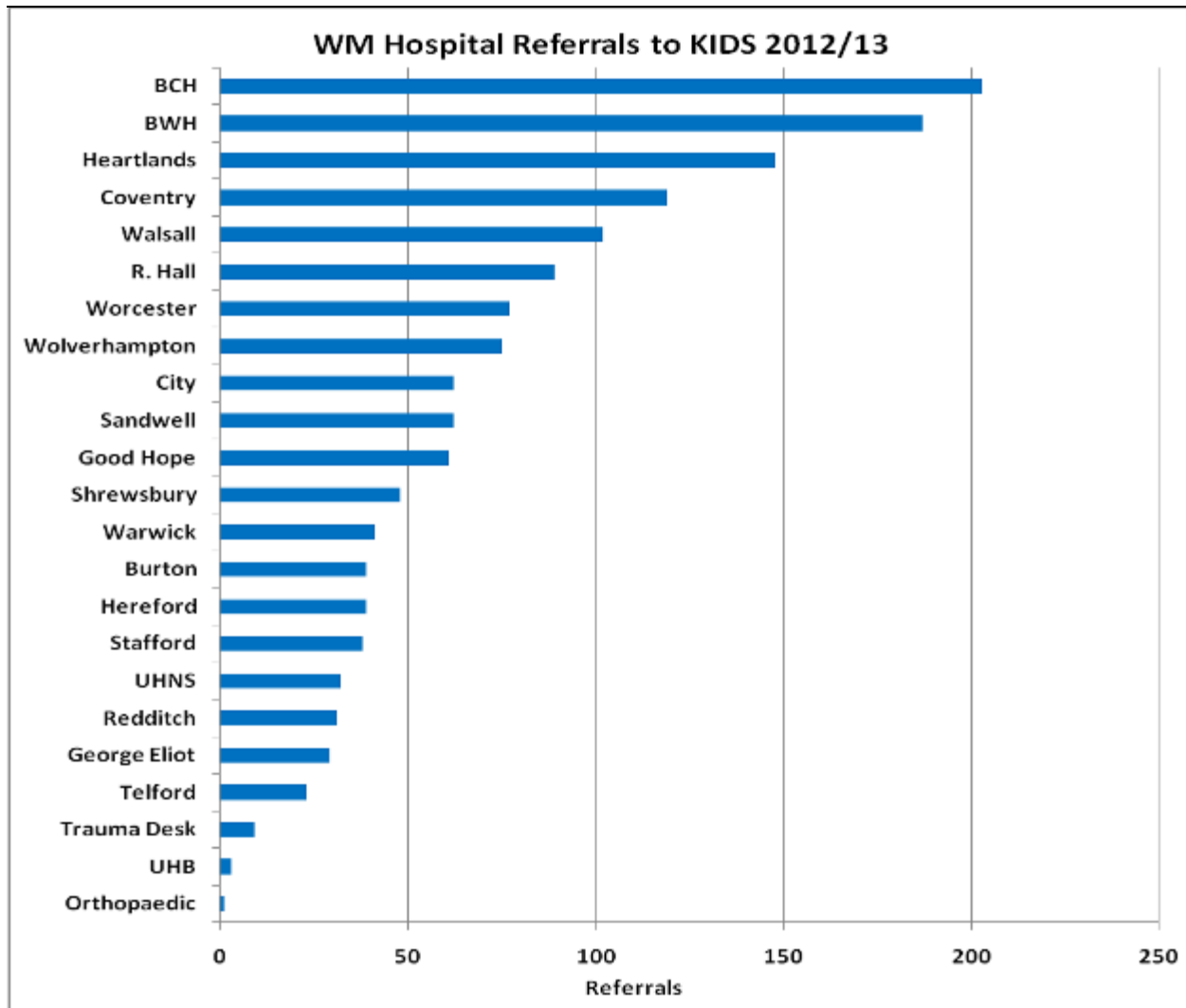
	Number
West Midlands	1519
Out of Region	149
Total	1668

Crude Mortality of All Patients, at 48 hours post referral = 2.7%

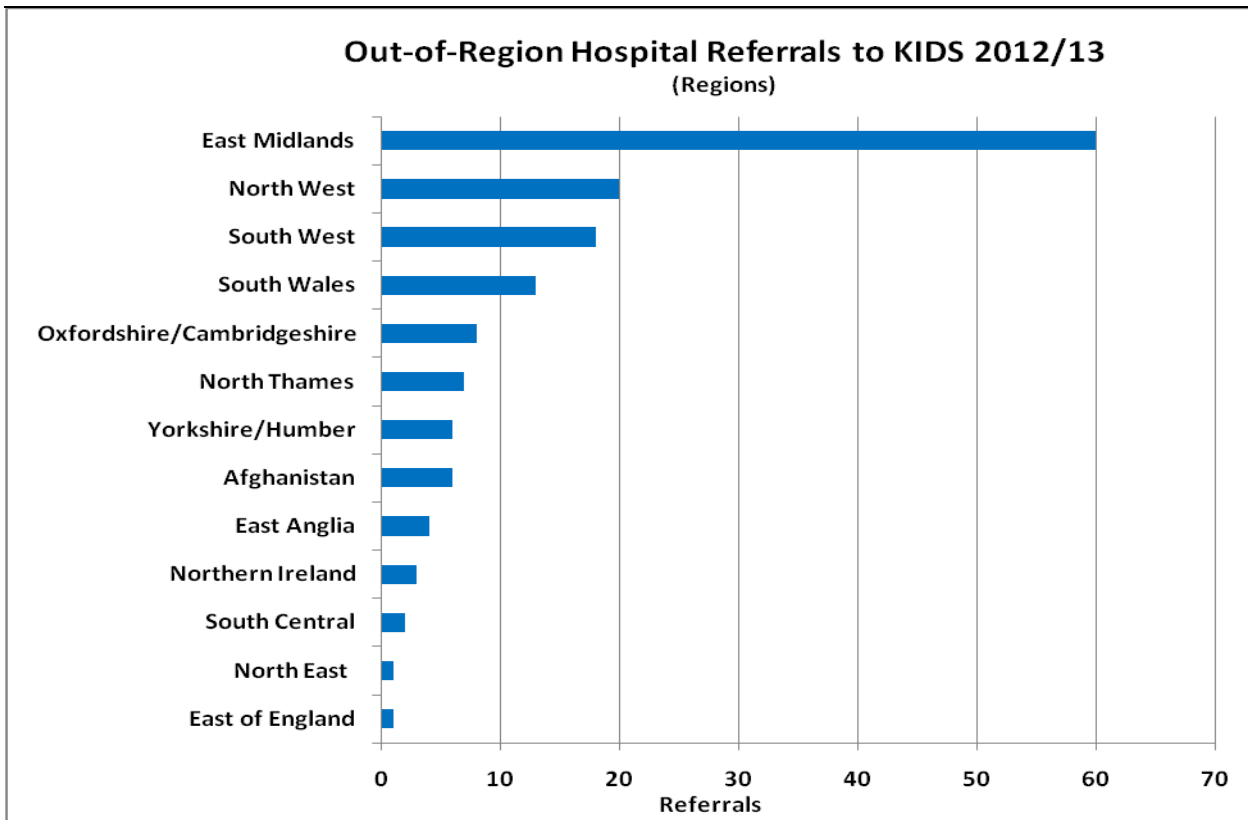
3.1 Summary of KIDS Activity 2012/13

	Number
KIDS PIC Transfers	728
Other Team PIC Transfers	226
Primary Transfers	99
Other Team NVSN Transfer	131
KIDS NVSN Transfer	88
Decision Support/Not Moved	396
Total	1668

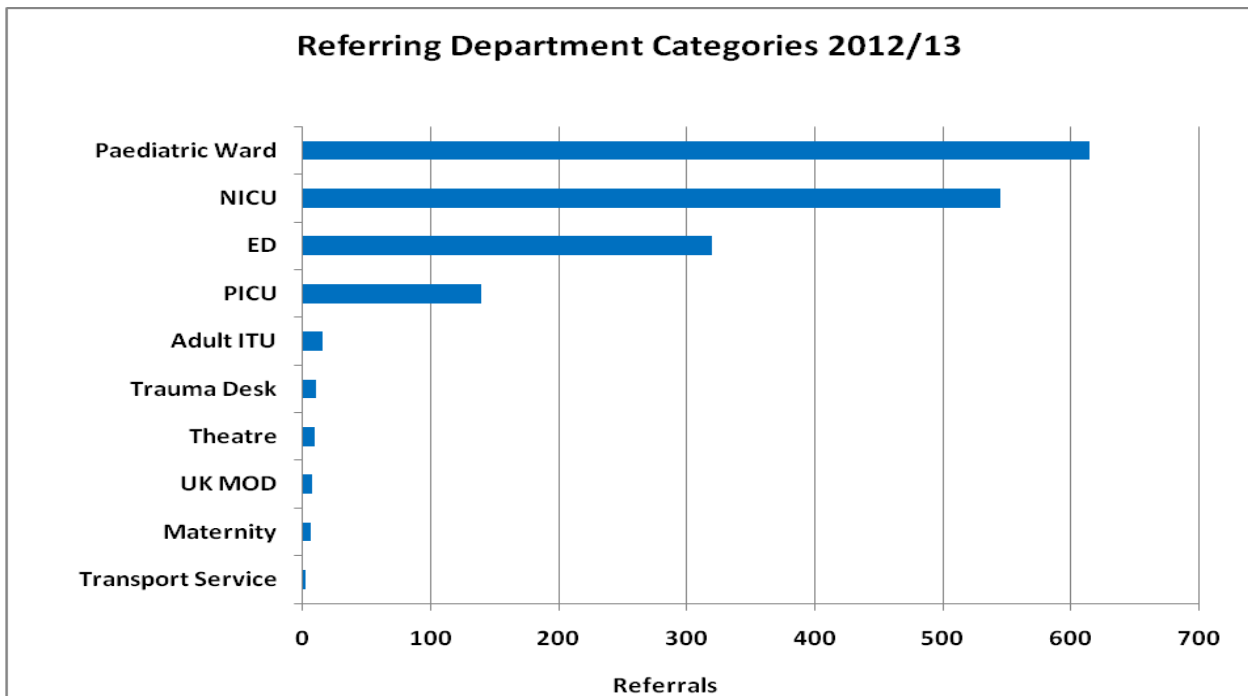
3.2 WM Hospital Referrals to KIDS 2012/13



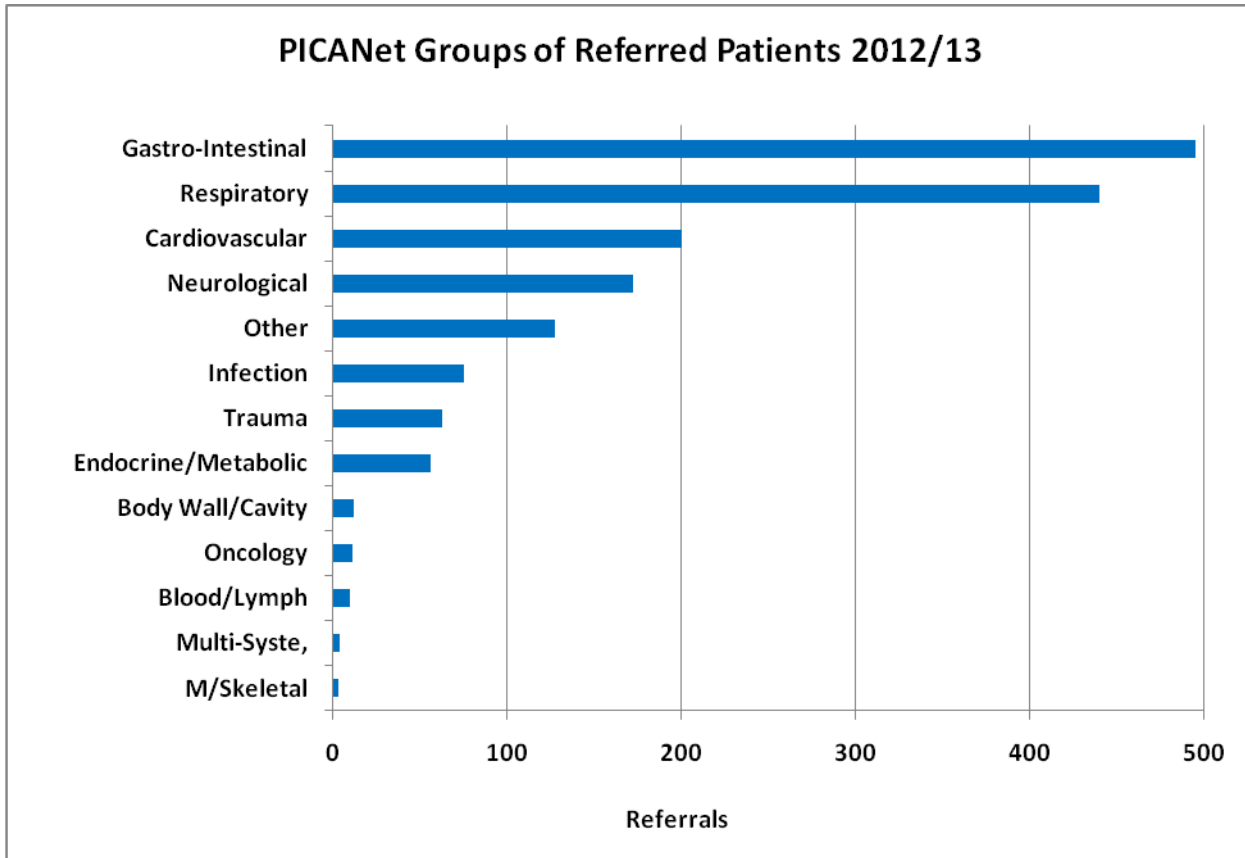
3.3 Out of Region Hospital Referrals to KIDS 2012/13



3.4 Referring Department Categories 2012/13



3.5 PICANet Groups of Referred Patients 2012/13



3.6 Mobilisation, Stabilisation and Duration Times 2012/13

Times	Lower IQR	Median	Upper IQR
Referral to Acceptance	00:11	00:24	02:25
Acceptance to Mobilisation	00:20	00:28	01:29
Acceptance to Arrive DGH	00:45	01:08	02:21
Stabilisation	01:08	01:45	02:23
Total Episode	03:35	05:01	07:04

3.7 Preference and Destination of KIDS Referrals 2012/13

Referrers Preferred Destination	Actual Destination								
	West Midland			East Midland		Other			Total
	BCH	UHNS	Other WM	UHL	QMC	Taken OOR	Not transferred		Total
BCH	639	29	7	5	6	16	28		730
No Preference	97	122	16	25	8	29	362		659
UHNS	0	30	0	0	0	0	0		30
UHL	2	0	0	13	1	0	0		16
QMC	0	0	0	4	0	0	0		4
Other WM	4	1	174	1	0	3	5		188
OOR	1	0	3	0	0	36	1		41
Total	773	152	200	48	15	84	396		1668

4.0 Clinical Governance

4.1 Adverse Incident Reporting:

KIDS reports using the incident reporting system at BCH. Threshold for incident reporting is low – resulting in high volume of incidents reported (4th highest in the Trust, despite small size of KIDS). This reflects healthy reporting culture, and is encouraged. Incidents are reported as relating to KIDS team (equipment/communication/clinical and other) or relating to referrer activities. Management of the non-KIDS incidents – i.e. those relating to referrer activities – have been difficult to classify due to the nature of the reporting system and field designation. Work is ongoing to assist in clarifying designation as ‘KIDS’ or ‘other hospital’ incidents, along with work to identify systems for managing ‘non-KIDS’ incidents.

Daily review of all cases referred (whether transferred or not) is performed by the MDT in the morning meeting. Any issues are raised at this meeting. Issues relating to KIDS are managed in a timely fashion through the existing channels (depending on nature of issue: equipment, clinical, team working, communication). Issues relating to ‘non-KIDS’ activities are fed back directly to the referring centre.

Monthly incident reporting is to the Directorate Management Team, with scrutiny of patterns or significant incidents.

KIDS attends and reports to SIRI/RCA at BCH for any patients with KIDS involvement.

KIDS attends and reports to BCH PIC M&M meetings monthly, including bringing cases without BCH PIC involvement for scrutiny.

Cases requiring higher level scrutiny are discussed with the BCH Governance department and BCH Leads for governance for guidance and scrutiny.

5.0 Safety and Care Quality Monitoring

KIDS is committed to delivering high quality patient care, with a multi-dimensional framework (see 5.6).

KIDS has the following infrastructure in place to ensure safe and high quality is delivered to every child;

- Strong, stable management team focussed on effective and progressive clinical leadership.
- Thorough recruitment process – building a skilled, professional, motivated and stable team.
- Comprehensive training and annual reaccreditation.
- KIDS Standard Operating Procedures available on BCH KIDS Intranet Site
- Well resourced and effectively managed equipment store, with on-line manuals, teaching packages, repair and maintenance plans empowering all staff to address problems.
- Equipment checks, vehicle checks, operations centre checks monitored.
- Audit of Critical Incidents, KIDS risk register and serious incidents.
- Audit of Mobilisation, stabilisation, transport duration times and ‘blue light’ usage.
- Implementation of all BCH care quality surveillance monitoring; Infection Control, Child Protection, Documentation, Patient Experience and Referrer Experience.

5.1 Parent and Child Feedback

Parent/Child Comments Received	Positive Comments	Suggestions/Improvements
173	148	25

In 2012/13 KIDS innovated new ways of obtaining parent feedback, with a view to encouraging a wider critical appraisal of our service from parents and children. Capturing feedback through visits to the region’s PICs to talk to families, encouraging the ambulance technicians to record parent feedback at the referring hospital and the launch of the ‘BCH Feedback App’ in February 2013 has significantly increased the number of comments received. In 2013/14 KIDS will establish a ‘Child and Family Steering Group’ to

monitor this larger volume of parent feedback, implement actions and follow up results as part of robust quality improvement.

5.2 KIDS Care Quality Monitoring Matrix

Quality Indicator	Departmental Review	Directorate/Trust Scrutiny
Infection Control Hand Washing, Ventilator Associated Pneumonia, Invasive Line Insertion and Management.	Every Transfer	Monthly Trust Dashboard Action Plans, and follow up to Directorate where non-compliance identified
Child Protection Known/suspected Child Protection Cases	Every Transfer	Quarterly Report to Directorate
Patient & Referrer Experience Feedback cards, Mobile Phone App, Patient visits, Ambulance Technician & parent conversations.	Monthly	Entered onto BCH Patient Experience Database. Monthly scrutiny by Directorate, confirm/challenge sessions with other department leads. Quarterly Patient Experience reports.
Mobilisation, Stabilisation, Turnaround	Monthly	Monthly Review by Lead Nurse/Clinical Lead Action Plans, and Follow Up Implemented
Equipment Checking Monitored by Productive KIDS Lead	Monthly	Monthly Report from Senior Sister. Action Plans and Follow Up
Vehicle Checking Compliance	Monthly	Monthly Report from Ambulance Service/Senior Sister. Action Plans and Follow Up
Daily Operations Centre Checking	Monthly	Monthly Report from Ambulance Service/Senior Sister. Action Plans and Follow Up
Documentation Audit	Monthly	Monthly Report from Ambulance Service/Senior Sister. Action Plans and Follow Up

6.0 Education and Training

KIDS trained and signed-off 12 new Fellows and 7 nurses in Transport during 2012/13. This was achieved through study days at BCH, repeated several times throughout the year, and with all staff completing supervised practice and competency based learned. Annual re-accreditation was achieved for all existing staff through the same system.

6 members of the core nursing team undertook the Paediatric and Neonatal Stabilisation, Transport and Retrieval (PANSTAR) course at Manchester, the remaining members will attend this course 2013/14.

KIDS developed an ambulance technician training programme with the approval of BCH Education and Learning Department. All 9 current technicians, who have BCH Honorary Contracts, initially completed Trust Mandatory training and then completed 4 training packages for a range of skill acquisition.



KIDS Ambulance Technicians (St John Ambulance)

- All Given BCH Honorary Contracts
- All Undertake BCH Clinical Mandatory Training
- BCH Education Department Approved KIDS to develop competencies for crews to;
 - i. Prepare invasive monitoring flush systems
 - ii. Attach non-invasive monitoring to patient
 - iii. Process blood gasses on iSTAT Analyser

Jane Wilson processes a blood gas on iSTAT Analyser

KIDS provided numerous opportunities for additional training for nursing staff (both from BCH and elsewhere), medical staff (routinely for anaesthetic trainees from PIC, additionally for other subspecialty medical trainees, and including those outside BCH), and medical and nursing

students as observers. This is a highly sought and prized attachment, with word of mouth resulting in a regular stream of applicants.

6.1 Simulation Training

Dr Sanjay Revanna leads on delivery of the simulation programme. The high fidelity SimBaby owned by KIDS is used for training of staff at KIDS and throughout the region. It is an effective tool for delivery of real time scenarios. Dr Revanna uses Sim frequently to delivery training around human factors and crew resource management, improving team working in complex and stressful environments.

6.2 Outreach Education

KIDS' two year funded Outreach Education nurse post discontinued in April 2012. A re-evaluation of what Outreach could be delivered with existing resource was performed, with an intention to deliver as much as possible, but an understanding that current resources would not allow this to be robust. Delivery of outreach has been patchy, and often reliant on DGH requests. This is flagged as a risk on the risk register, and has been raised to commissioners. Ongoing work to deliver a more robust programme is continuing.

The 'Stabilisation of the Sick Child' Study Day continued to run at BCH – with three days delivered across the year. It was attended by medical and nursing staff from across the Midlands.

6.3 Management and Leadership Training

Mary Montgomery commenced the PG Certificate NHS Leadership Fellowship through the NHS Leadership Academy in September 2012.

Phil Wilson completed the BCH NHS Clinical Leadership Programme, the HFMA Certificate in Healthcare Finance, and commenced a Master's of Science degree programme at the Open University in 'Leading Healthcare Service Improvement and Advancing Professional Practice'.

6.4 Away Days

The KIDS Operations Centre Team had an 'Away Day' in February 2013 at the Millennium Hotel in Dudley, next door to the West Midland Ambulance Service (WMAS) regional operations

centre. The team were able to make a 30 minute visit into the WMAS Telecommunication Centre and observe the 999 call handling and ambulance dispatch, and learn about the processes and technology available in this centre. The team noted the freestanding 'touch screen' telephone switchboards which has been subsequently fed into the project with Siemens-Enterprise who are preparing new a VOIP telecommunication system bespoke for KIDS.



KIDS Operations Centre Team – February 2013 Away Day

Left to Right: Lorraine Rooker, Yasmin Powell, Hannah Toovey, Katie Allen [Team Leader], Sarah Casey and Edward Flower

The remainder of the day was spent at the hotel exploring how 'customer service' principles could elevate the standard of service delivered by the KIDS Operations Centre from 'expected to exceptional'. This work will lead into further expansion of 'Productive KIDS' to incorporate 'Productive Operations Centre' in 2013/14.

7.0 Research and Audit

7.1 McLaren Telemedicine Transmission Project

KIDS ran a proof of concept pilot as part of the BCH (Heather Duncan) Shine Project. This saw the fitting of a device to the transport trolley which was able to transmit extremely high volume data directly from the KDIS Phillips monitor to a central server at BCH PIC. Transmission was via a mobile phone network (Vodafone). Ongoing work to define accuracy of transmission and backfill is planned.

7.2 Audits performed in 2012/13

Child Protection – Admissions to BCH PICU

‘First Hour’ Intervention – procedures by destination team <1 hour of a KIDS admission

Inditherm v Transwarmer Audit

Neuro-Surgical Audit

7.0 Regional and National Collaboration

7.1 WM Newborn Transport Service

KIDS continues to work very closely with the WM Newborn Transport Service, to provide best-practice and joined solutions for transporting neonates in the region. Commitment to combine the two services continues and business planning is ongoing. Commissioner engagement is assured.

7.2 Non-Ventilated Surgical Neonates (NVSN)

KIDS had commenced a pilot in August 2011 to handle the NVSN referrals for the West Midlands, to optimise the utilisation of BCH Neonatal Surgical Ward (NSW) beds and to reduce out-of-region transfers. Referral rates were higher than projected. This is high intensity activity, with complex and lengthy conference calls required to achieve patient specific solutions. KIDS is working with the BCH Surgical Directorate and the Commissioners to develop

a short term solution to maintain this activity through KIDS for the winter. Long-term solutions for handling these calls, with a view to this become a funded part of KIDS activity, may well form part of the prospective combination of KIDS and NTS service delivery options.

7.3 Safe and Sustainable Congenital Cardiac Surgery

KIDS fully participated in the BCH working group concerning 'Safe and Sustainable' through attending all relevant meetings, submitting requested evidence about transport provision, and was inspected by the Independent Reconfiguration Panel in December 2012. KIDS continues to have strong liaison with BCH regarding the progression and expansion of Cardiac Surgery provision at the Trust.

7.4 Paediatric and Neonatal Air Transport

Regional and National discussions in terms of air transport provision for paediatric and neonatal services is occurring at the Paediatric Intensive Care Society and in the Neonatal arena. Current provision is through the military (RAF or SAR) – this provision is likely to cease from 2015 due to reconfiguration within the British Forces.

7.5 PICANet Retrieval Dataset

KIDS began submitting information to PICANet during 2012/13. A direct link from KIDS Database systems to PICANet is currently being developed by BCH Information Department. Validation and quality monitoring is being performed by the PICU/KIDS Information manager, who began working 1 day per week for KIDS during 2012/13.

8.0 Service Developments

8.1 Relocation of KIDS to 1 Printing House Street

In January 2012 the BCH Capital Project Team informed KIDS the Trust was set to lease a six storey building located to the rear of the main hospital building (known as Printing House). The building which had been unoccupied for several years underwent substantial redevelopment and refurbishment in Spring 2012, with the lower two floors being made available to KIDS.

Each floor of Printing House had previously been a large open-plan office allowing a unique opportunity to design the room configuration and facility provision bespoke to KIDS requirements. Extensive work with BCH IT and Telecommunication Department resulted in the sinking of a large cable trench under the road linking Printing House to BCH. This has allowed Trust network access, sufficient telephone lines, resilience telephone lines and future bandwidth expansion capability.

Work with the BCH Estates Department identified a walled plot of land opposite Printing House ideal for converting into a secure parking area for three ambulances with lighting, power and gates. This land was acquired and redeveloped simultaneously.

2 crewed KIDS Ambulances are now on-site 24 hours/day with the drivers based in the KIDS premises. All key resources are now located on the same site; operations centre, transport team, equipment and ambulances. The service began operating from Printing House on the 23rd May 2013.

Extensive increase in KIDS resilience for both power and telecommunication took place during January 2013, resulting in KIDS having extremely robust backup generator facilities, further backup telecommunication facilities and standard operating procedures for dealing with all potential interruptions. Monthly 'power and communication failure' testing is now performed by KIDS in conjunction with BCH Estates and IT Department.

8.2 Siemens ASC Multi-Channel Telephone Recording Solution

Close working with BCH IT and Telecommunication Department, and Siemens-Enterprise led to an innovative IP based telephone recording solution. A software application capable of running on any KIDS Computer allows rapid access to the system, with easy identification of the calls, exporting options to various Media file formats and accurate call statistical information are all available. This became operational in September 2012.

Siemens ASC Multi-Channel Recording System (Screen shot)

The screenshot displays the POWERplay ASC Multi-Channel Recording System interface. At the top, there are navigation tabs for 'Media', 'Database', and 'Agents'. Below these, there are search filters for 'Search Interval' (March 2013) and 'Agents' (EMPTY #). A 'Channels' list on the right shows 24 channels. The main area is a table of call records with the following columns: Track, A, O, Start Time, End Time, Duration, Agent, Channel, Type, Direction, Compression, Own Phone Number, and Partner Phone Number. The table contains 30 rows of call data from March 9, 2013.

Track	A	O	Start Time	End Time	Duration	Agent	Channel	Type	Direction	Compression	Own Phone Number	Partner Phone Number
✓			2013 Mar 09 05:04:53 PM	2013 Mar 09 05:12:56 PM	00:08:03		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 05:06:33 PM	2013 Mar 09 05:06:44 PM	00:00:11		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 05:05:25 PM	2013 Mar 09 05:11:36 PM	00:06:11		Channel 050	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 05:04:47 PM	2013 Mar 09 05:04:59 PM	00:00:11		Channel 050	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 05:04:07 PM	2013 Mar 09 05:06:03 PM	00:01:55		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 03:23:58 PM	2013 Mar 09 03:24:35 PM	00:00:36		Channel 003	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 02:48:14 PM	2013 Mar 09 02:50:03 PM	00:00:49		Channel 002	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 02:45:57 PM	2013 Mar 09 02:49:49 PM	00:03:52		Channel 049	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:41:45 PM	2013 Mar 09 02:42:12 PM	00:00:26		Channel 052	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:41:43 PM	2013 Mar 09 02:42:13 PM	00:00:30		Channel 051	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:40:37 PM	2013 Mar 09 02:45:48 PM	00:05:10		Channel 049	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:40:36 PM	2013 Mar 09 02:41:22 PM	00:00:46		Channel 051	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:40:10 PM	2013 Mar 09 02:40:20 PM	00:00:10		Channel 049	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:39:48 PM	2013 Mar 09 02:49:50 PM	00:10:01		Channel 050	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:38:32 PM	2013 Mar 09 02:40:04 PM	00:01:32		Channel 049	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:37:30 PM	2013 Mar 09 02:33:00 PM	00:00:30		Channel 005	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 02:31:57 PM	2013 Mar 09 02:33:03 PM	00:01:05		Channel 050	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:30:27 PM	2013 Mar 09 02:31:28 PM	00:01:00		Channel 050	recording	outgoing	32 kb/s	9997	
✓			2013 Mar 09 02:29:58 PM	2013 Mar 09 02:32:42 PM	00:02:44		Channel 003	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 02:29:40 PM	2013 Mar 09 02:31:59 PM	00:01:39		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:24:11 PM	2013 Mar 09 02:24:46 PM	00:00:34		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:23:36 PM	2013 Mar 09 02:24:05 PM	00:00:27		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:23:12 PM	2013 Mar 09 02:23:34 PM	00:00:21		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:21:17 PM	2013 Mar 09 02:21:34 PM	00:00:17		Channel 002	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 02:21:16 PM	2013 Mar 09 02:21:40 PM	00:00:23		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:20:35 PM	2013 Mar 09 02:21:03 PM	00:00:28		Channel 002	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 02:18:19 PM	2013 Mar 09 02:18:41 PM	00:00:21		Channel 050	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:16:03 PM	2013 Mar 09 02:16:36 PM	00:00:33		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:14:52 PM	2013 Mar 09 02:15:18 PM	00:00:26		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 02:14:12 PM	2013 Mar 09 02:14:33 PM	00:00:21		Channel 049	recording	outgoing	32 kb/s	9996	
✓			2013 Mar 09 01:45:08 PM	2013 Mar 09 01:45:43 PM	00:00:34		Channel 001	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 01:26:29 PM	2013 Mar 09 01:35:00 PM	00:08:30		Channel 003	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 01:23:35 PM	2013 Mar 09 01:26:15 PM	00:00:40		Channel 003	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 01:24:46 PM	2013 Mar 09 01:25:00 PM	00:00:13		Channel 003	recording	incoming	32 kb/s	9989	
✓			2013 Mar 09 01:24:45 PM	2013 Mar 09 01:30:01 PM	00:05:16		Channel 049	recording	outgoing	32 kb/s	9996	

8.3 Siemens VOIP Paediatric Transport Telecommunications System

KIDS has continued to work closely with Siemens-Enterprise to develop a new bespoke Telecommunication System for KIDS, based on their existing Openscape Voice System (OSV) platform. A solution not yet trialed in Europe known as 'Siemens Xpert' is being proposed for installation later in 2013 in time for winter.

8.4 KIDS New Paediatric Trolley and Incubator Commissioning

KIDS introduced a 2nd new Paediatric Transport Trolley and Incubator into service during 2012/13. KIDS now has 3 x Paediatric Trolleys and 1 Incubator. A removable 'slave monitor'

system was innovated with BCH Medical Engineering Department and Par-Aid allowing. This facility, allows a specially designed flat screen monitor to be securely mounted at the foot end of the trolley to display the vital signs from the Phillips MP5 monitor during lateral transfer from bed to trolley. The slave monitors are stowed in a cupboard when ambulance is moving.

8.5 Inditherm Babypod Warming System

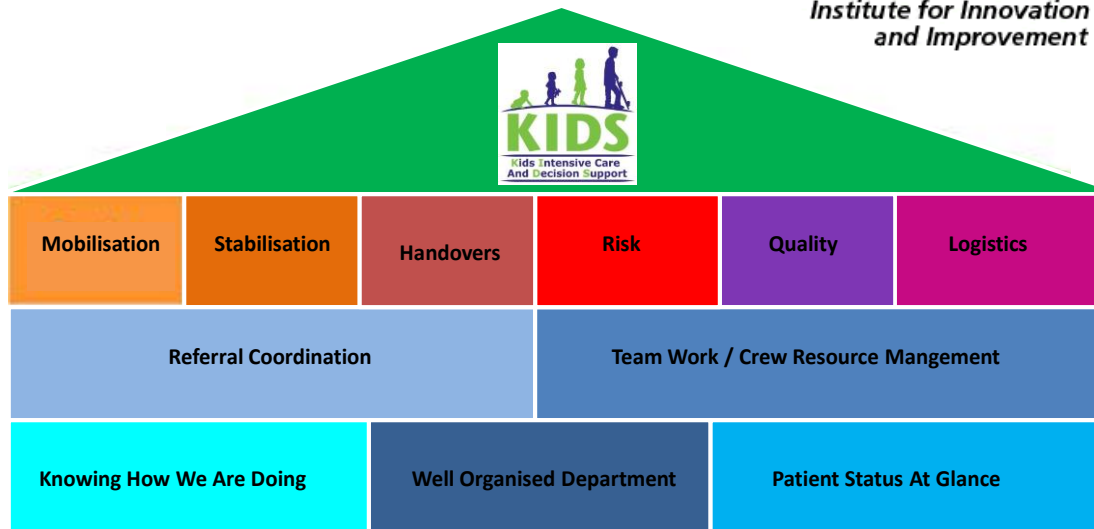
Following obtaining safety approvals KIDS trialled the Inditherm Babypod Warming System during the Winter 2012/13. An audit was designed to measure patient temperature when either the Inditherm or a Transwarmer was used. Following this trial, the data was analysed by the BCH Statistician and three units were subsequently purchased. Use of Transwarmers fell by 40% during the trial period and further savings are anticipated.

8.6 Commission for Accreditation on Medical Transport

In November 2012 KIDS underwent a consult-review by the Commission for Accreditation on Medical Transport (CAMTS). Documentary evidence and on 2 day site inspection took place. The inspector commented that KIDS was a 'young programme which has established mature physical, clinical and managerial infrastructure with some depth very quickly'. KIDS agreed with the comments and the improvement areas identified, and has begun to work towards them. KIDS aims to achieve full CAMTS accreditation during 2013/14.

8.7 Productive KIDS

In late 2012 a KIDS Senior Nurse meeting discussed the possibility of designing and implementing a modified version of 'The Productive Ward'. BCH has been a proponent of the 'Productive' series and it has been adopted into all clinical areas including Theatres and the Emergency Department. The modular programme provided by the NHS Institute for Innovation and Improvement focuses on departmental reorganisation utilising the 'Toyota Kaizen' principles of lean management, quality improvement, team-working and customer focus. 2 core 'Productive' modules were implemented in February 2013 – 'Knowing How We Are Doing' and 'Well Organised Ward'. A 'Productive' service performance board was erected in the Operations Room, which proved popular allowing the previous months activity, achievements, deficiencies and service user feedback to be observed. The storeroom was redesigned as an equipment-library led by an ambulance technician, with an effective cataloguing and monthly review resulting in improved maintenance schedules and more equipment kept available for use.



Productive KIDS

A locally designed module 'Mobilisation' undertook a 3 month 'activity follow' of team members (Doctor/ANP, Nurse, Driver) after being instructed to mobilise by the KIDS Consultant. A nominated observer would record the location and activity of the three team personnel between the instruction to mobilise and departure in the ambulance. Approximately 40 observations took place. This has resulted in identifying and eliminating 'waste' activity during this period and has rapidly reduced and sustained mobilisation time to < 20 minutes during March 2013, with potential for further reduction. The storage of the Trolley and all equipment upon the ambulance, coupled with daily interrogation of all >20 minute breaches has made a significant difference.



Junior Sister Sarah Webb during mobilisation, Jane Wilson records all team actions up to the point of being mobile in the 'Activity Follow' folder.

9.0 Events and Celebrations

9.1 West Midland Paediatric Critical Care Forum (June 2013)

KIDS hosted the 4th WM Paediatric Critical Care Forum at Walsall Football Club on June 18th 2012. This years event had the highest ever attendance and evaluated extremely well. Keynote talks were delivered.

Dr. Vin Diwakar (BCH Chief Medical Officer)

Dr. S. Griffiths (Consultant Paediatrician – University Hospital of Coventry and Warwickshire)

Dr. Mary Montgomery (KIDS Clinical Lead)

Phil Wilson (KIDS Lead Nurse)

Interactive topic tables led by key personnel from across the region allowed open discussion upon;

Regional Governance

High Dependency Care

BCH and UHNS PICU

KIDS

WM Newborn Networks

End of Life Care

WM Standards for Care of Critically Ill Child

Future of Regional Commissioning

Regional Trauma Network

9.2 Birmingham Children’s Hospital – 150 Year Anniversary (July 2013)

A series of celebrations took place during the summer of 2012 to mark the 150th anniversary of the establishment of BCH by Dr. Heslop in 1862. KIDS Lead Nurse Phil Wilson was invited to speak at the ‘Nursing Celebration Event’ held in a Marquee at BCH, and was later interviewed on BBC Radio West Midlands about the day.

9.3 Ambulance Blessing and Opening of KIDS Operations Centre (September 2013)

Upon the 21st September 2013 a joint celebration took place with St John Ambulance KIDS at BCH. Mr Rodney Green, ‘Prior of England and the Islands of the Order of St John’ and the Priory Dean performed a ‘Blessing Ceremony’ for the new ambulances. This was followed by a formal opening the new KIDS Operations Centre by BCH Chief Finance Officer David Melbourne.



St John Priory Dean Blesses a KIDS Ambulance with Water and a Spray of Rosemary



BCH Chief Finance Officer David Melbourne & Dr. Mary Montgomery at the ceremony

A cross-faith representation from the BCH Chaplaincy Department led a period of reflection and prayer as the new centre was officially opened and the relationship between KIDS and St John Ambulance was celebrated. In attendance as special guest was Mrs Pam Cox, the retired BCH PIC Nurse Manager, who recounted the original launch of the ‘Retrieval Service’ in 1996. Around 50 people attended the ceremonies.

10.0 Plans for 2013/14

Increase Consultant workforce by 1.0 (new appointment)

Introduce first KIDS Advanced Nurse Practitioner (Anneke Gyles)

Expand Outreach Education Provision

Establish Robust Regional Clinical Governance System

Continued close collaboration with WM Newborn Transport Service

Close working with NHS England for a 'Midland- Wide' PIC Transport Solution

Further expand 'Productive KIDS' and develop 'Productive Operations Room'

CAMTS Accreditation

Launch KIDS 'Child and Family Steering Group'

Further Development of KIDS Flight Capability

Upgrade KIDS Telecommunication Systems with new Siemens VOIP Platform